



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. MARY MEDICAL CENTER HOBART

City of Hospital: Hobart

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: St. Mary Medical Center

Email Address: kjradinovic@comhs.org

Medicare Provider Number: 15-0034

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$381858536
Outpatient Patient Service Revenue	\$673236757
Total Gross Patient Service Revenue	\$1055095293

2. Deductions From Revenue

Contractual Allowance	\$749478552
Other Deductions	\$15761856
Total Deductions	\$765240408

3. Total Operating Revenue

Net Patient Service Revenue	\$289854885
Other Operating Revenue	\$8479407
Total Operating Revenue	\$298334292

4. Operating Expenses

Salaries and Wages	\$73311813	Employee Benefits	\$17877226
Depreciation and Amortization	\$14538383	Interest Expense	\$227967
Bad Debt	\$0	Other Expenses	\$164021434
Total Operating Expenses	\$269976823		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$28357469	Total Assets	\$177447646
Net Non-operating Gains over Loss	\$142444	Total Liabilities	\$58801055

Total Net Gains	\$28499913
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$594024932	\$471327235	\$122697697
Medicaid	\$131529780	\$101784205	\$29745575
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$329540582	\$176367112	\$153173470
Total	\$1055095294	\$749478552	\$305616742

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$177253	\$-177253

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$613857	\$-613857
Hospital Patients	\$0	\$0	\$0
Community Education	\$500	\$579612	\$-579112

Number of Medical Professionals Trained	1315
Number of Hospital Patients Educated	10,469
Number of Citizens Exposed to Health Education Messages	239,020

Statement Six: Charity Statement

Hospital Charity Charges	\$7083534
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$53434	\$951024	
HCI Payments	\$0		
Subtotal	\$53434	\$951024	\$-897590
Medicaid Shortfalls	\$11718689	\$28808544	
Subtotal	\$11772123	\$29759568	\$-17987445
DSH Payments	\$0		
Subtotal	\$11772123	\$29759568	\$-17987445
Medicare Shortfalls	\$118017541	\$139954279	
Other Government Programs	\$1330010	\$1450667	
Total	\$131119674	\$171164514	\$-40044840

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1405284	\$1574835	\$-169551
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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